

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sparin</i>	<i>68903</i>	<i>022600</i>
O.I.P.E. CLASSIFIER		<i>59</i>	<i>3700</i>
FORMALITY REVIEW	<i>120</i>	<i>12345</i>	<i>9-14-60</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
Final	
Original	
1	<i>2/24/61</i>
2	<i>6/11/61</i>
3	<i>3/20/62</i>
4	<i>5/26/63</i>
5	<i>1/22/64</i>
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Claim	Date
Final	
Original	
101	<i>11/2/64</i>
102	<i>6/11/61</i>
103	<i>3/20/62</i>
104	<i>5/26/63</i>
105	<i>1/22/64</i>
106	<i>2/24/61</i>
107	<i>6/11/61</i>
108	<i>3/20/62</i>
109	<i>5/26/63</i>
110	<i>1/22/64</i>
111	<i>2/24/61</i>
112	<i>6/11/61</i>
113	<i>3/20/62</i>
114	<i>5/26/63</i>
115	<i>1/22/64</i>
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146	<i>2/24/61</i>
147	<i>6/11/61</i>
148	<i>3/20/62</i>
149	<i>5/26/63</i>
150	<i>1/22/64</i>

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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